

# PEDIATRIC HEART TRANSPLANT STUDY

## FORM 14: 2010: Dialysis/Renal Transplant (PG 1 of 1)

To be filled out if patient receives any dialysis or a renal transplant while listed or post-transplant

ID#	P								
P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #					

1. **Renal Transplant:**  No (skip to #2)  Yes (if yes, complete **a.** and **b.**)

a. Date of transplant: \_\_\_\_ \_\_\_\_ \_\_\_\_ (MO | DAY | YR)

b. Type of donor:  Deceased  Living, related  Living, unrelated

2. **Dialysis:**  No (skip to #3)  Yes (if yes, complete **a.**, **b.** and **c.**)

a.  Acute  Chronic

b. Date of first dialysis related to this event report: \_\_\_\_ \_\_\_\_ \_\_\_\_

c. Type of dialysis:  Hemodialysis  Peritoneal

3. **Laboratory Values:** Date Performed (closest to initiation of dialysis or transplant) \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Print "NA" in spaces if not done)

Bili Total	Bili Direct	AST	ALT	BNP	CRP	Creat.	BUN/urea
T Protein	S Album	Cholesterol	TG	LDL	HDL	VLDL	

4. Height \_\_\_\_\_  in  cm

Weight \_\_\_\_\_  lb  kg

PRINT IN BLACK INK ONLY. USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2010

Person completing this form: \_\_\_\_\_

Date original form mailed (do not send copy) \_\_\_\_\_